SPECIAL ORDER – EMERGENCY MEDICAL SERVICES

Subject: H1N1 Pandemic Influenza **Issued:** November 5, 2009

Effective: Immediately and until further notice

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INTRODUCTION

The World Health Organization (WHO) has determined that a novel H1N1 influenza A (also known as "swine flu") pandemic is underway and the President has declared a Public Health Emergency. Under the provisions of R.I.G.L. § 30-15, Governor Donald L. Carcieri has signed an Executive Order, dated May 13, 2009, authorizing the Director of Health, in consultation with the Office of the Governor, to take all relevant and necessary measures in order to efficiently and effectively address the issues caused by the spread of and threat from the H1N1 virus.

At this time the pandemic's impact on Rhode Island's statewide EMS system is negligible. However, the EMS system must take certain steps to prepare for increased pandemic activity in the months ahead.

The Department of Health (HEALTH) is therefore issuing the following special orders to all Rhode Island ambulance services and their personnel. All aspects of the *Rhode Island Prehospital Care Protocols and Standing Orders* and the *Rules and Regulations Pertaining to Emergency Medical Services* (R23-4.1-EMS) not contravened in these special orders remain in full force and effect. Once HEALTH has determined that these special orders are no longer necessary, they will be rescinded and notification placed on HEALTH's web site and distributed to all EMS services.

2009 H1N1 INFLUENZA BACKGROUND

The most current information on the 2009 H1N1 Influenza virus may be found on the CDC web site at http://cdc.gov/h1n1flu/identifyingpatients.htm. CDC guidance covers important topics that include transmission, incubation, identification, treatment, and complications associated with an H1N1 infection.

Influenza-Like Illness (ILI) = a measured temperature ≥100°F and recent onset of at least one of the following: rhinorrhea/nasal congestion, sore throat, or cough.

> ⚠ **NOTE:** "ILI" does NOT mean necessarily mean that a patient is infected with H1N1 influenza ("swine flu"), only that they have symptoms that MAY indicate the presence of infectious disease and EMS personnel must take appropriate precautions.

TRIAGE & DISPATCH

It is important for Public Safety Answering Points (PSAPs) to question callers to ascertain if there is anyone at the incident location who is possibly afflicted by H1N1 virus, to communicate the possible risk to EMS personnel prior to arrival, and to assign the appropriate EMS resources.

All local PSAPs receiving calls for EMS service are to screen callers for "Influenza-Like Illness" (ILI) symptoms by asking the following questions when appropriate:

- ✔ Does the patient or anyone on scene have a fever (measured temperature ≥100°F or hot to touch in room temperature)?

- ✔ Are the same individuals coughing or do they have a sore throat?

If the answer to both questions (fever AND cough/sore throat) is yes, dispatchers are to advise responding EMS personnel, "ILI on scene, precautions recommended."

PROTECTIVE MEASURES

All healthcare providers will follow standard universal precautions (gloves, hand washing, good hygiene) during all patient encounters and when cleaning vehicles, equipment, etc.

1. **Determine the need for Personal Protective Equipment (PPE).**

   - If advised by PSAP that there is potential "Influenza-Like Illness" (ILI) on scene, don appropriate PPE (see below) before entering the scene and/or before assessing patient(s.)
   - If not advised of ILI prior to arrival, remain more than 6 feet away from patient and symptomatic bystanders while performing a preliminary assessment to determine if ILI is present (i.e., determine history of fever and cough/sore throat.) If ILI is present, don appropriate PPE (see below) before continuing assessment and/or patient care.
     - Patient is considered ILI if they have a fever (≥100°F or 37.8°C) AND sore throat or cough.
   - Exercise respiratory droplet precautions (cough etiquette, hand hygiene, and spatial separation) at all times while assessing all patients.

2. **Select and don appropriate Personal Protective Equipment (PPE) if indicated.**

   - Don disposable non-sterile gloves, a fit-tested disposable N95 respirator (if available), eye protection (e.g., goggles or eye shield), and gown:
     - When coming into close contact with an ILI patient (i.e., less than 6 feet from patient, such as during assessment and care);
     - Whenever in the ambulance patient compartment or other confined space with the patient;
     - When in the front passenger compartment of the ambulance (unless the patient compartment and passenger compartments of the ambulance are separated by a bulkhead or closed door.)

   > ⚠ **NOTE:** See HEALTH web site for latest guidance on use of N95 respirators; though all FDA-cleared surgical N95 respirators are labeled as "single use" disposable devices, this does not mean that the respirator needs to be replaced after each use.

   - EMS personnel may wear a standard surgical mask instead of the N95 respirator when:
     - An individual cannot wear a fit-tested N95 respirator (e.g. due to beard or other facial features); or
     - Supplies of N95 masks are scarce.
   - When wearing a standard surgical mask instead of an N95 respirator, personnel should avoid engaging in aerosol generating activities if possible.

3. Place a standard surgical mask on ILI patients.

- A standard surgical mask should be placed on all ILI patients (if tolerated) during patient assessment, care, transport, transportation, and while in public areas of the receiving facility.
  - Although small facemasks may be available for children it may be problematic for children to wear them correctly and consistently. Moreover, the FDA has not cleared any facemasks or respirators specifically for use by children.
- If oxygen is to be administered via nasal cannula or NRB, a surgical mask should still be placed over the device (if tolerated.) The advantage of the NRB is, of course, that it will further reduce the spread of droplets by cough. However, oxygen should be administered only where medically indicated, not solely as an infection control measure.

4. Ambulance Ventilation

- If present, the door between the vehicle cab and crew compartment should be kept close during transport to limit exposure.
- Encourage good patient compartment vehicle airflow/ ventilation to reduce the concentration of aerosol accumulation when possible. This may be accomplished by opening patient compartment windows and operating ventilation systems.

5. Cleaning Vehicles and Equipment

- Flu viruses typically live outside the body for up to 2 hours. These germs spread when someone sneezes or coughs and touches something that contaminates a surface. Prevent or contain the spread of these germs by adhering to the following:
  - EMS personnel should wear appropriate PPE when cleaning vehicle and equipment.
  - Routine cleaning with soap or detergent and water to remove soil and organic matter, followed by the proper use of disinfectants, are the basic components of effective environmental management of influenza. Reducing the number of influenza virus particles on a surface through these steps can reduce the chances of hand transfer of the virus. Influenza viruses are susceptible to inactivation by a number of chemical disinfectants readily available from consumer and commercial sources.
  - After the patient has been removed and prior to cleaning, the air within the vehicle may be exhausted by opening the doors and windows of the vehicle while the ventilation system is running. This should be done outdoors and away from pedestrian traffic. Routine cleaning methods should be employed throughout the vehicle and on non-disposable equipment.
  - Wash linens (bed sheets and towels) in regular laundry detergent. Dry on the hottest setting the fabric can tolerate. Avoid “hugging” dirty laundry before washing it to prevent spreading the germs. Clean hands with soap and water or alcohol-based hand gel after handling dirty laundry.

PATIENT CARE

No special care is recommended for ILI patients at this time; EMS personnel should evaluate patients and treat their findings in accordance with the *RI Prehospital Care Protocols and Standing Orders*.

INTERFACILITY TRANSPORT

EMS personnel involved in the interfacility transfer of patients with suspected or confirmed H1N1 influenza should use standard, droplet and contact precautions for all patient care activities. This should include wearing a fit-tested disposable N95 respirator, wearing disposable non-sterile gloves, eye protection (e.g., goggles, eyeshield), and gown, to prevent conjunctival exposure. If the transported patient can tolerate a facemask (e.g., a surgical mask), its use can help to minimize the spread of infectious droplets in the patient care compartment. Encourage good patient compartment vehicle airflow/ventilation as described above.

EMS TRANSFER OF PATIENT CARE TO A HEALTHCARE FACILITY

When transporting a patient with ILI symptoms, EMS personnel should notify the receiving healthcare facility so that appropriate infection control precautions may be taken prior to patient arrival. Patients with acute febrile respiratory illness should wear a surgical mask, if tolerated (see Protective Measures above.)

CONTINUITY OF OPERATIONS (COOP)

EMS personnel should immediately report to their supervisor any ILI symptoms that develop during or after a shift.

EXPOSURE REPORTING

There is currently no need for EMS personnel to report encounters with suspected H1N1 patients. However, ambulance services should report to HEALTH any substantially increased absenteeism amongst their staff (contact the Division of EMS at 222-2401.)

The need to document potential H1N1 exposure relates ONLY to circumstances where the recommended precautions were not observed during patient contact. Reporting of suspected pre-hospital infectious disease exposure is required by R.I.G.L. § 23-4.1-9. However, so long as appropriate precautions are followed, encounters with potentially infectious patients are NOT considered reportable incidents.

ADDITIONAL INFORMATION RESOURCES

- Rhode Island Department of Health Web Site: http://www.health.ri.gov
- CDC WebSite: http://www.cdc.gov
- WHO Web Site: http://www.who.int/en/